WATER WELL RECORD   Form WWC-5

☐ Original Record   ☐ Correction   ☐ Change in Well Use

Division of Water Resources App. No. _____   Well ID _____

1 LOCATION OF WATER WELL:	Fraction				Section Number	Township Number	Range Number
County:	¼	¼	¼	¼		T ____ S	R ____ ☐ E ☐ W

2 WELL OWNER: Last Name: _____   First: _____

Business: _____

Address: _____

Address: _____

City: _____   State: ____   ZIP: ____

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

- - NW - -	- - NE - -
W	E
- - SW - -	X - - SE - -

S

|----------1 mile--------|

4 DEPTH OF COMPLETED WELL: ……….…. ft.

Depth(s) Groundwater Encountered: 1) ……..…..…. ft.

2) ………... ft.   3) ………... ft., or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: ………..……. ft.

☐ below land surface, measured on (mo-day-yr)…….…..…

☐ above land surface, measured on (mo-day-yr)………….

Pump test data: Well water was …...……….. ft.

after……… hours pumping …....……... gpm

Well water was …...……….. ft.

after……… hours pumping …....……... gpm

Estimated Yield: ………...gpm

Bore Hole Diameter: …..……. in. to ..………… ft. and

………… in. to ………….. ft.

5 Latitude: ………………………….……(decimal degrees)

Longitude: ……………………..…(decimal degrees)

Datum: ☐ WGS 84   ☐ NAD 83   ☐ NAD 27

Source for Latitude/Longitude:

☐ GPS (unit make/model: ………………..…….…....…..)

(WAAS enabled? ☐ Yes   ☐ No)

☐ Land Survey   ☐ Topographic Map

☐ Online Mapper: …………………………….………...

6 Elevation: …..….…………ft. ☐ Ground Level ☐ TOC

Source: ☐ Land Survey   ☐ GPS   ☐ Topographic Map

☐ Other …..………………………………..

7 WELL WATER TO BE USED AS:

1. Domestic:
   - ☐ Household
   - ☐ Lawn & Garden
   - ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial

5. ☐ Public Water Supply: well ID ....
6. ☐ Dewatering: how many wells? ....
7. ☐ Aquifer Recharge: well ID ……………........
8. ☐ Monitoring: well ID ……………..…………....
9. Environmental Remediation: well ID ………........
   - ☐ Air Sparge   ☐ Soil Vapor Extraction
   - ☐ Recovery   ☐ Injection

10. ☐ Oil Field Water Supply: lease ………..………..……
11. Test Hole: well ID ………………………….
    - ☐ Cased   ☐ Uncased   ☐ Geotechnical
12. Geothermal: how many bores? ....
    - a) Closed Loop ☐ Horizontal ☐ Vertical
    - b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): ………………..………………...

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes   ☐ No   If yes, date sample was submitted: …..………..…….......

Water well disinfected? ☐ Yes   ☐ No

8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other ……………….. CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter …………….... in. to …..……….. ft., Diameter ………….. in. to …..………. ft., Diameter ……….….. in. to …..………. ft.

Casing height above land surface …………..……… in. Weight ………..……… lbs./ft. Wall thickness or gauge No. ………..………

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel   ☐ Stainless Steel   ☐ Fiberglass   ☐ PVC   ☐ Other (Specify) ………..………….…………..

☐ Brass   ☐ Galvanized Steel   ☐ Concrete tile   ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot   ☐ Mill Slot   ☐ Gauze Wrapped   ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) …………………………

☐ Louvered Shutter   ☐ Key Punched   ☐ Wire Wrapped   ☐ Saw Cut   ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From …….... ft. to …….... ft., From …….... ft. to …….... ft., From …….... ft. to …….... ft.

GRAVEL PACK INTERVALS: From …….... ft. to …….... ft., From …….... ft. to …….... ft., From …….... ft. to …….... ft.

9 GROUT MATERIAL: ☐ Neat cement   ☐ Cement grout   ☐ Bentonite   ☐ Other ………………………………………………………..

Grout Intervals: From …….....…… ft. to …….....…… ft., From ………..… ft. to ………..… ft., From ………..… ft. to ………..… ft.

Nearest source of possible contamination:

☐ Septic Tank   ☐ Lateral Lines   ☐ Pit Privy   ☐ Livestock Pens   ☐ Insecticide Storage

☐ Sewer Lines   ☐ Cess Pool   ☐ Sewage Lagoon   ☐ Fuel Storage   ☐ Abandoned Water Well

☐ Watertight Sewer Lines   ☐ Seepage Pit   ☐ Feedyard   ☐ Fertilizer Storage   ☐ Oil Well/Gas Well

☐ Other (Specify) …………………………………………………...

Direction from well? ………………………………   Distance from well? ....………………………………………… ft.

10 FROM	TO	**LITHOLOGIC LOG**	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
			Notes:		

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) ………………. and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. ……….……   This Water Well Record was completed on (mo-day-year) …….….…..……

under the business name of ………………………………………………………………………………………………………...

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

Visit us at http://www.kdheks.gov/waterwell/index.html

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